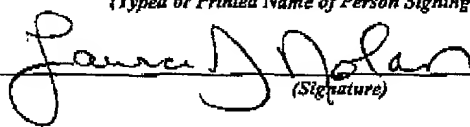

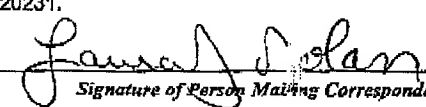


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): Bruce E. Price et al.			REP-0062
Serial No. 09/916,116	Filing Date July 26, 2001	Examiner Victor S. Chang	Group Art Unit 1771
Invention: COMPRESSIBLE FOAM TAPES AND METHOD OF MANUFACTURE THEREOF			
<p>I hereby certify that this <u>Amend. Trans Ltr (1 pg), Reply to Not. of NonComp. Amend(10 pgs), Cert of Trans.</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-0311</u>)</p> <p>on <u>September 10, 2003</u> (Date)</p> <p style="text-align: right;">Laura J. Nolan (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: right;"> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p> <p style="text-align: right; font-size: 2em; transform: rotate(-15deg);">OFFICIAL</p> <p style="text-align: center;">RECEIVED CENTRAL FAX CENTER SEP 10 2003</p>			

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. ROP-0062	
Applicant(s): Bruce E. Price et al.					
Serial No. 09/916,116	Filing Date July 26, 2001	Examiner Victor S. Chang		Group Art Unit 1771	
Invention: COMPRESSIBLE FOAM TAPES AND METHOD OF MANUFACTURE THEREOF					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	23 -	33 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	5 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: September 10, 2003		
Leah M. Reimer Reg. No. 39,341 Customer No. 23,413 (860) 286-2929					
<div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.18 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.  Signature of Person Mailing Correspondence Laura J. Nolan (by facsimile) Typed or Printed Name of Person Mailing Correspondence </div>					
cc:					